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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/814,373	03/31/2004	Andrew L. Oleson	1199 P 196	5499	
26952	7590 10/24/2005		EXAMINER		
ROGER H. STEIN			FERGUSON,	FERGUSON, MARISSA L	
311 S. WACKER DRIVE			ART UNIT PAPER NUMBER		
53RD FLOOR CHICAGO, IL 60606-6622			2854		
			DATE MAILED: 10/24/2005		

Please find below and/or attached an Office communication concerning this application or proceeding.

	Application No.	Applicant(s)	•	
Interview Summary	10/814,373	OLESON, ANDREV	V L.	
vion dammary	Examiner	Art Unit		
	Marissa L. Ferguson	2854		
All participants (applicant, applicant's representative, PTO personnel):				
(1) <u>Marissa L. Ferguson</u> .	(3) Roger Stein.			
(2) <u>Andrew Hirshfeld</u> .	(4)			
Date of Interview: 20 October 2005.				
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	2)∏ applicant's representative	•]		
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) No.			
Claim(s) discussed:				
Identification of prior art discussed:				
Agreement with respect to the claims f) was reached. g)□ was not reached. h)□ N	I/A.		
Substance of Interview including description of the general reached, or any other comments: <u>Attorney Stein was inform</u> .	nature of what was agreed to ned by the examiner that a ne	if an agreement w w office action will	as <u>be mailed.</u>	
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no c allowable is available, a summary thereof must be attached	opy of the amendments that w	reed would render rould render the cla	the claims aims	
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR FORM, WHICHEVER IS LATER, TO FILE A STATEMENT Summary of Record of Interview requirements on reverse signs.	last Office action has already THE MAILING DATE OF THE OF THE SUBSTANCE OF TH	been filed, APPLI S INTERVIEW SUI	CANT IS MMARY	
	ANDRI Superviso	EW H. HIRSHPELD RY PATENT EXAMIN LOGY CENTER 2800	IER	

Examiner Note: You must sign this form unless it is an

Attachment to a signed Office action.

Examiner's signature, if required